



Frequently Asked Questions

Filing a Critical Illness Insurance Claim

1 | When should I file a claim?

File a claim when you or someone listed on your policy receives treatment due to a covered illness. Claims should be submitted within 90 days of the critical illness if possible, but no later than one year.

Critical Illness insurance from Standard Insurance Company covers a variety of illnesses, including cancer, heart attack and stroke. To see the list of critical illnesses covered by your policy, ask your benefits administrator for your Group Certificate of Insurance.

2 | What information will I need to provide?

Besides your name and Social Security number, you'll need to provide:

- Employer name
- Group policy number
- Date of diagnosis of the covered critical illness (diagnosis date must be after your effective date of coverage)
- Information about your treatment, including all medical providers involved in your care
- Physician's contact information (name, address, phone and fax number)

3 | What's in a typical claim form for Critical Illness Benefits?

It usually contains the following documents to complete, sign and date:

- An Employee's Statement, which may include supporting documentation
- An Authorization to Obtain and Release Information
- An Attending Physician Statement

We may also request medical records from your physician. If you have questions, we'll review your claim and provide you with what documents are required, or request records on your behalf.

The Standard is not responsible for providing proof of claim.

Critical Illness is called Specified Disease in Vermont.

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4 | How long does it take to make a decision about my claim?

Once we receive the required completed, signed and dated documents listed on this page, it will take approximately five business days to make a claim decision. If we haven't made a decision within five business days, we'll notify you with additional details.

5 | Who should I call with questions about my claim?

If you've already filed a claim, please call The Standard's Customer Service toll-free number 800.634.1743. Our Customer Service Center representatives are here to assist you Monday through Friday at one of the time zones below:

- 6 a.m. through 5 p.m., **Pacific**
- 8 a.m. through 7 p.m., **Central**
- 7 a.m. through 6 p.m., **Mountain**
- 9 a.m. through 8 p.m., **Eastern**

6 | How can I spend my money?

You can use the money for medical costs like copays and deductibles. You can also put it toward everyday living expenses such as child care, groceries and rent or mortgage payments.

7 | What if I want to know more about my coverage?

If you're looking for general information about your coverage or would like a copy of your Group Certificate of Insurance, contact your benefits administrator.